

North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services  
Community Policy Management Section

**Work First/CPS/SA Initiative**  
**Quarterly Project Report of \_\_\_\_\_ LME**

|                        |                          |  | <b><i>DUE</i></b> |
|------------------------|--------------------------|--|-------------------|
| <b>Report Quarter:</b> | <input type="checkbox"/> | <b>1<sup>st</sup> Quarter, SFY 11-12</b> (July 1 – Sep. 30, 2011)  | Oct. 20, 2011     |
|                        | <input type="checkbox"/> | <b>2<sup>nd</sup> Quarter, SFY 11-12</b> (Oct. 1 – Dec. 31, 2011)  | Jan. 20, 2012     |
|                        | <input type="checkbox"/> | <b>3<sup>rd</sup> Quarter, SFY 11-12</b> (Jan. 1 – Mar. 31, 2012)  | Apr. 20, 2012     |
|                        | <input type="checkbox"/> | <b>4<sup>th</sup> Quarter, SFY 11-12</b> (Apr. 1, - June 30, 2012) | July 20, 2012     |

**Submitted By:**

\_\_\_\_\_  
**LME Employee** Coordinating WF/CPS/SA Initiative (Name, Title, Email & Signature)    Date Signed

\_\_\_\_\_  
LME Project Fiscal Officer (Name, Title, Email, Signature)    Date Signed

**I. LME and Contract Staffing of WF/CPS/SA Initiative on Last Day of This Report Quarter (Add rows as needed)**

| Name         | Organization/Provider Agency, Title<br>and Credential/License | FTE Devoted to Project |
|--------------|---|------------------------|
|              |   |                        |
|              |   |                        |
|              |   |                        |
|              |   |                        |
| <b>TOTAL</b> |   |                        |

**II. Unduplicated Count of Persons Served (Add columns and include name of corresponding county as appropriate)**

|   | County<br>Name | County<br>Name | County<br>Name | County<br>Name |
|---|----------------|----------------|----------------|----------------|
| <b>Unduplicated Count<br/>of WF Referrals from DSS this Quarter</b>   |                |                |                |                |
| <b>Unduplicated Count<br/>of CPS Referrals from DSS this Quarter</b>  |                |                |                |                |
| <b>Unduplicated Count<br/>of Class H or I Controlled Substance Felons referred<br/>from Food and Nutrition Services</b> |                |                |                |                |
| <b>Unduplicated Count<br/>Of Persons Served this Quarter</b> <span style="float: right;"><b>TOTAL</b></span>            |                |                |                |                |

**III. Treatment Engagement**

|  |  |
|--|--|
| <b>Number of Individuals entering treatment this quarter</b> |  |
|--|--|

**IV. Staff and Caseload Data**

| <b>Staff Name &amp; Employed By</b> | <b>Caseload Number</b> |
|-------------------------------------|------------------------|
|                                     |                        |
|                                     |                        |
|                                     |                        |
|                                     |                        |
|                                     |                        |
| <b>TOTAL</b>                        |                        |

**V. Training Delivered**

|   |  |
|---|--|
| <b>1. Number of trainings delivered to DSS staff this quarter</b>                                 |  |
| <b>2. Number of DSS staff trained this quarter (total number of individuals in each training)</b> |  |

**VI. Highlights of Activities and Accomplishments During This Quarter**

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|  |
|--|

**VII. Highlights of Barriers and Difficulties During This Quarter**

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|  |
|--|

**VIII. Submit Quarterly Reports on 20<sup>th</sup> of each month following the end of the report quarter to:**

*Original with Signatures:*

Starleen Scott Robbins, WF/CPS/SA Program Manager, Community Policy Management Section, Division of MH/DD/SAS,  
3005 Mail Service Center, Raleigh, NC 27699-3005

*Copies by E-Mail:* Starleen Scott Robbins, [Starleen.Scott-Robbins@dhhs.nc.gov](mailto:Starleen.Scott-Robbins@dhhs.nc.gov)

*For further information, please contact:* Melissa Godwin, WF/CPS/SA Coordinator for Technical Assistance/Training at  
[MGodwin@email.unc.edu](mailto:MGodwin@email.unc.edu) or 919-715-2774

**LME to Copy DSS**

**Rev. 9/06/11**

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